

NOT FOR PUBLIC VIEW

IN UNITED STATES		<input type="checkbox"/> MAGISTRATE	<input type="checkbox"/> DISTRICT	<input type="checkbox"/> APPEALS COURT	<input checked="" type="checkbox"/> OTHER PANEL (SPECIFY BELOW)
IN THE CASE OF		FOR		LOCATION NUMBER	
V.S. _____		AT _____		FILED <b>FILED</b>	
PERSON REPRESENTED (Show your full name) Guadalupe Valladares				DOCKET NUMBERS Magistrate 16-703 District Court 16-703 Court of Appeals	
CHARGE/OFFENSE (describe if applicable & check box →)		<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor		1 <input type="checkbox"/> Defendant—Adult 2 <input checked="" type="checkbox"/> Defendant Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator  CLERK U.S. DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA BY _____ DEPUTY _____ 6 <input type="checkbox"/> Material Witness 7 <input type="checkbox"/> Other	

EMPLOY- MENT	Are you now employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self-Employed Name and address of employer: <u>HOUSEKEEPER</u>
	IF YES, how much do you earn per month? \$ <u>1000/mo</u> IF NO, give month and year of last employment How much did you earn per month? \$ _____
	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____
	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
ASSETS {	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No OTHER INCOME IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES RECEIVED \$ <u>864</u> SOURCES <u>WELFARE + STAMPS (450)</u>
	CASH Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____
	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PROPERTY IF YES, GIVE THE VALUE AND \$ DESCRIBE IT VALUE _____ DESCRIPTION _____ _____
	DEPENDENTS { MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <u>SEPARAT.</u> <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> SEPARATED OR DIVORCED Total No. of Dependents <u>3</u> { List persons you actually support and your relationship to them <u>CESAR - 9 yr.</u> <u>JASMINE - 2 yr.</u> <u>JUANITA 12 yr.</u>
OBLIGATIONS & DEBTS { DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.) { APARTMENT OR HOME: Creditors Total Debt Monthly Payment. RENT \$ <u>875</u> UTIL. \$ <u>80</u> FOOD \$ <u>Food Stamp</u> CELL PHONE \$ <u>80</u> DIAPERS \$ <u>20</u> TAXES \$ <u>20</u>	

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) *[Signature]*

**SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)**

Grade 10s ✓ -